CMS Medicare Electronic Health Record (EHR) Incentive Program for Eligible Hospitals in Puerto Rico Requirements for 2017

Elizabeth S. Holland, MPA
Senior Technical Advisor, Division of Health Information Technology
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Medicare EHR Incentive Program

The American Recovery and Reinvestment Act of 2009 (Recovery Act) established the Medicare Electronic Health Record Incentive (EHR) Programs, which included, the payment of incentives to subsection (d) hospitals for the successful demonstration of meaningful use of certified EHR technology, and included Medicare payment adjustments for hospitals starting in 2015. The Recovery Act explicitly excluded subsection (d) hospitals in Puerto Rico.

Addition of Eligible Hospitals in Puerto Rico

The Consolidated Appropriations Act of 2016 (Section 602) added subsection (d) hospitals in Puerto Rico as eligible hospitals under the Medicare EHR Incentive Program and extends the participation timeline for these hospitals.

Participation Timeline

- Hospitals may begin participation for EHR reporting periods **in 2016**. The Registration and Attestation system opened on October 3, 2016.

- Hospitals must successfully demonstrate meaningful use **by 2020** in order to avoid a negative payment adjustment in 2022.

Medicare Incentive Payments

- Incentive payment amounts will be determined based on the following formula:

  (incentive amount=initial amount*Medicare Share*transition factor)

- Hospitals may earn **four consecutive years** of incentive payments once they begin participation in the Medicare EHR Incentive Program.

- Payment years follow the federal fiscal year, although the EHR reporting periods are based on the calendar year.

Program Requirements

- ✓ Active Enrollment Record in PECOS, billing Medicare
- ✓ Certified EHR Technology
- ✓ [Registered](#) as a dual hospital (Medicare and Medicaid)
- ✓ Successful demonstration of meaningful use to Medicare
- ✓ Submission of clinical quality measures

EHR Certification

CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for this incentive program.

To receive an incentive payment, you must use an EHR that is certified specifically for the EHR Incentive Programs. Certified EHR technology gives assurance users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria. Certification also helps providers and patients have confidence that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information.

EHR Certification

To learn which EHR systems and modules are certified for the Medicare and Medicaid EHR Incentive Programs, please visit the Certified Health IT Product List (CHPL) on the ONC website http://oncchpl.force.com/ehrcert.

For more information about the 2015 Edition see:

ONC Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for EHR Technology, 2015 Edition; Final Rule (October 2015).

EHR Certification

2017

Health Information Technology certified to the 2014 Edition or health information technology certified to the 2015 Edition or a combination

2018

Health Information Technology certified to the 2015 Edition

(current policy)

Meaningful Use

- Medicare EHR Incentive Program only pays incentives for the successful demonstration of meaningful use, not for adoption, implementation, and upgrades.

- In addition, Medicare participation years are consecutive…meaning that you can earn four years of incentives starting from the first year that you attest to Medicare…If you skip a year, you will miss earning an incentive for that year.

Medicare EHR Incentive Program

2017 PROGRAM REQUIREMENTS

Final Rule

- On October 6, 2015, CMS released a final rule for the Medicare and Medicaid EHR Incentive Programs in 2015 through 2017 and Stage 3 in 2018 and beyond.

- The final rule is live here: https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

Final Rule Modifications

On November 14, 2016, CMS published a [final rule](#) with comment period that included changes responsive to stakeholder feedback and will result in continued advancement of certified EHR technology. The finalized changes will also utilize and result in a program result in more focused on supporting interoperability and data sharing for all participants under the Medicare and Medicaid EHR Incentive Programs.

Participation Options

- New participants may report now until Oct 1, 2017 using Modified Stage 2 2016 measures

- New and Returning participants - Report in January 1 – February 28, 2018 using Modified Stage 2 2017 measures or the Stage 3 measures

Options for 2017

- If you have 2014 Edition CEHRT, attest to the Modified Stage 2 objectives and measures

- If you have 2015 Edition CEHRT, attest to the Modified Stage 2 objectives and measures or the Stage 3 objectives and measures or a combination of the two.

Objectives and Measures for 2016 for new participants attesting by Oct 1, 2017

1. Protect Patient Health Information

2. Clinical Decision Support

3. CPOE

4. Electronic Prescribing (eRx)

5. Health Information Exchange

6. Patient Specific Education

7. Medication Reconciliation

8. Patient Electronic Access (VDT)

9. Public Health Reporting

Objectives and Measures for 2016 - new

Protect Patient Health Information

- **Objective**: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

- **Measure**: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the Eligible hospital, or CAH's risk management process.

- **Exclusions**: None

- **Attestation Requirements**: Yes/No

Objectives and Measures for 2016 new

Clinical Decision Support

- **Objective**: Use clinical decision support to improve performance on high-priority health conditions.

- **Measure 1**: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an Eligible hospital's, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

- **Measure 2**: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Objectives and Measures for 2016 – new

Computerized Provider Order Entry (CPOE)

- **Objective**: Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

- **Measure 1**: More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Computerized Provider Order Entry (CPOE)

- **Measure 2**: More than 30 percent of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- **Alternate exclusion** – In 2016, hospitals may claim an exclusion for measure 2.

Computerized Provider Order Entry (CPOE)

- **Measure 3**: More than 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- **Alternate exclusion** – In 2016, hospitals may claim an exclusion for measure 3.

Objectives and Measures for 2016 – new

Electronic Prescribing (eRx)

(Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx).

- **Eligible Hospital/CAH Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

- **Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

- **Alternate Eligible Hospital/CAH Exclusion:** The eligible hospital or CAH may claim an exclusion for the eRx objective and measure in 2016

Health Information Exchange

- **Objective:** The Eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

- **Measure:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must-- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Patient Specific Education (Eligible Hospitals/ CAHs)

- **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

- **Eligible Hospital/CAH Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.

Medication Reconciliation

- **Objective**: The Eligible hospital, or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

- **Measure**: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Objectives and Measures for 2016 – new

Patient Electronic Access (Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective**: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

- **Measure 1**: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.

- **Measure 2:** For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her information during the EHR reporting period.

- **Exclusion - Measure 2:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting.

http://www.cms.gov/EHRIncentivePrograms/

Objectives and Measures for 2016 – new

Public Health Reporting

- **Objective**: The Eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
- *Eligible hospitals/CAHs must meet 3 of 4 measures:*
- **Measure 1 - Immunization Registry Reporting**: The Eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.
- **Measure 2–Syndromic Surveillance Reporting**: The Eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- **Measure 3–Specialized Registry Reporting** - The Eligible hospital, or CAH is in active engagement to submit data to a specialized registry.
- **Measure 4 – Electronic Reportable Laboratory Result Reporting :** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

Objectives and Measures for 2016 – new

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Measure 1 Exclusions**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—

- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;

- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Objectives and Measures for 2016 – new

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Measure 2 Exclusions:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH—
- Does not have an emergency or urgent care department;
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Measure 3 Exclusions:** Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital, or CAH—
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Objectives and Measures for 2016 – new

Public Health Reporting

- **Measure 4 Exclusions**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH—

- Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;

- Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Alternate Exclusions in 2016 - new

- There are three objectives for eligible hospitals that offer alternate exclusions in 2016:

  - Objective 3 - Computerized Provider Order Entry (CPOE)

  - Objective 4 – Electronic Prescribing (eRx)

  - Objective 10 - Public Health Reporting

- These providers may opt to use alternate exclusions during attestation, but they are **not required** to use them.

Alternate Exclusions in 2016-new

Objective 3, CPOE:

- **Alternate Exclusion for Measure 2**: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

- **Alternate Exclusion for Measure 3**: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

Objective 4, eRx:

- **Alternate Exclusion:** An eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2016 if they were either scheduled to demonstrate Stage 1 in 2016, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2016.

Alternate Exclusions in 2016 - new

Objective 10, Public Health Reporting:

- **Alternate Exclusion for Measure 2:** EPs may claim an alternate exclusion for measure 2 (syndromic surveillance reporting) for an EHR reporting period in 2016.

- **Alternate Exclusion for Measure 3:** EPs may claim an alternate exclusion for measure 3 (specialized registry reporting) for an EHR reporting period in 2016.

Modified Stage 2 Objectives and Measures 2017

1   Protect Patient Health Information

2   Electronic Prescribing (eRx)

3   Health Information Exchange

4   Patient Specific Education

5   Medication Reconciliation

6   Patient Electronic Access (VDT)

7   Public Health Reporting

Modified Stage 2 Objectives and Measures

Protect Patient Health Information

- **Objective**: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

- **Security Risk Analysis Measure**: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the Eligible hospital, or CAH's risk management process.

- **Exclusions**: None

- **Attestation Requirements**: Yes/No

Modified Stage 2 Objectives and Measures

Electronic Prescribing (eRx)

(Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx).

- **E-Prescribing Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

- **Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

Modified Stage 2 Objectives and Measures

Health Information Exchange

- **Objective:** The Eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

- **Health Information Exchange Measure:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must-- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Modified Stage 2 Objectives and Measures

Patient Specific Education (Eligible Hospitals/ CAHs)

- **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

- **Patient Specific Education Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.

Modified Stage 2 Objectives and Measures

Medication Reconciliation

- **Objective**: The eligible hospital, or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

- **Medication Reconciliation Measure**: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Modified Stage 2 Objectives and Measures

Patient Electronic Access (Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective**: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

- **Provide Patient Access Measure** : More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.

- **View, Download, or Transmit (VDT) Measure:** For an EHR reporting period in 2017, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her information during the EHR reporting period.

- **Exclusion – VDT Measure:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting.

Modified Stage 2 Objectives and Measures

Public Health Reporting

- **Objective**: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
- *Eligible hospitals/CAHs must meet 3 of 4 measures:*
- **Immunization Registry Reporting Measure**: The eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.
- **Syndromic Surveillance Reporting Measure**: The eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- **Specialized Registry Reporting Measure** - The eligible hospital, or CAH is in active engagement to submit data to a specialized registry.
- **Electronic Reportable Laboratory Result Reporting :** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

Modified Stage 2 Objectives and Measures

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Immunization Registry Reporting Measure Exclusions**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—

- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;

- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Modified Stage 2 Objectives and Measures

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Syndromic Surveillance Reporting Measure Exclusions:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH—
- Does not have an emergency or urgent care department;
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

Modified Stage 2 Objectives and Measures

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Specialized Registry Reporting Measure Exclusions:** Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital, or CAH—

- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;

- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Modified Stage 2 Objectives and Measures

Public Health Reporting

- **Electronic Reportable Laboratory Result Reporting Measure Exclusions**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH—
- Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Specification Sheets

For additional information on these objectives and measures, please view the 2017 Specification Sheets for Eligible Hospitals and CAHs

Stage 3 Objectives and Measures

1 Protect Patient Health Information

2 Electronic Prescribing (eRx)

3 Patient Electronic Access

4 Coordination of Care

5 Health Information Exchange

6 Public Health Reporting

Stage 3 Objectives and Measures

Protect Patient Health Information

- **Objective**: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

- **Measure**: Security Risk Analysis: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

- **Exclusions**: None

- **Attestation Requirements**: Yes/No

Stage 3 Objectives and Measures

Electronic Prescribing (eRx)
(Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx).

- **E-Prescribing Measure:** More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

- **Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Stage 3 Objectives and Measures

Patient Electronic Access (Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective**: Provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.

- **Provide Patient Access Measure:** For more than 50 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23):
  - The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
  - The provider ensures the patient's health information is available for the patient (or patient authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interfaces (API) in the provider's CEHRT.

Patient Electronic Access (Eligible Hospitals/ CAHs)

- **Patient-Specific Education Measure:** The eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 10 percent of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

- **Exclusion:** Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

Stage 3 Objectives and Measures

Coordination of Care

- **Objective:** Use CEHRT to engage with patients or their authorized representatives about the patient's care.

- **View, Download or Transmit (VDT) Measure**: During the EHR reporting period, at least one unique patient (or their authorized representatives) discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and one of the following:
  - View, download or transmit to a third party their health information; or
  - Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or
  - A combination of (1) and (2)

Stage 3 Objectives and Measures

Coordination of Care

- **Secure Messaging Measure**: For more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).

- **Patient Generated Health Data Measure 3**: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period. Emergency department (POS 21 or 23) during the EHR reporting period.

- **Exclusion**: Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

Stage 3 Objectives and Measures

Health Information Exchange

- **Objective:** The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

- **Send a Summary of Care Measure**: For more than 10 percent of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care:
  - Creates a summary of care record using CEHRT; and
  - Electronically exchanges the summary of care record.

- **Request/Accept Summary of Care Measure**: For more than 10 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.

Health Information Exchange

- **Clinical Information Reconciliation Measure**: For more than 50 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:
  - Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
  - Medication allergy. Review of the patient's known medication allergies.
  - Current Problem list. Review of the patient's current and active diagnoses.

- **Send a Summary of Care Exclusion**: Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

Stage 3 Objectives and Measures

Health Information Exchange

- **Request/Accept Summary of Care Exclusion**: A provider may exclude from the measure if any of the following apply:
  - Any eligible hospital or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.
  - Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

- **Clinical Information Reconciliation Exclusion**: Any eligible hospital or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.

Stage 3 Objectives and Measures

Public Health Reporting

- **Objective:** The eligible hospital or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

- **Immunization Registry Reporting Measure:** The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

- **Syndromic Surveillance Reporting Measure:** The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

- **Electronic Case Reporting Measure:** The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.
  - NOTE: Electronic Case Reporting is not required until 2018.

Public Health Reporting

- **Public Health Registry Reporting Measure:** The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.

- **Clinical Data Registry Reporting Measure:** The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.

- **Electronic Reportable Laboratory Result Reporting Measure:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

Stage 3 Objectives and Measures

Public Health Reporting

- **Immunization Registry Reporting Exclusion**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH—
  - Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
  - Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

Public Health Reporting

- **Syndromic Surveillance Reporting Exclusion**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH—
  - Does not have an emergency or urgent care department;
  - Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of the EHR reporting period.

Stage 3 Objectives and Measures

Public Health Reporting

- **Electronic Case Reporting Exclusion:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH—
  - Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period;
  - Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

Public Health Reporting

- **Public Health Registry Reporting Exclusion:** Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the eligible hospital or CAH—
  - Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period;
  - Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where no public health registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Public Health Reporting

- **Clinical Data Registry Reporting Exclusion**: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the eligible hospital or CAH—
  - Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period;
  - Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where no clinical data registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Public Health Reporting

- **Electronic Reportable Laboratory Result Reporting Exclusion**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH—
  - Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
  - Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of 6 months prior to the start of the EHR reporting period

Specification Sheets

For additional information on these objectives and measures, please view the 2017 Specification Sheets for [Eligible Hospitals and CAHs](#)

Clinical quality measure reporting – new participants

- Attest by October 1, 2017

- Submit 16 out of 29 CQMs

- Reporting period is 90 days

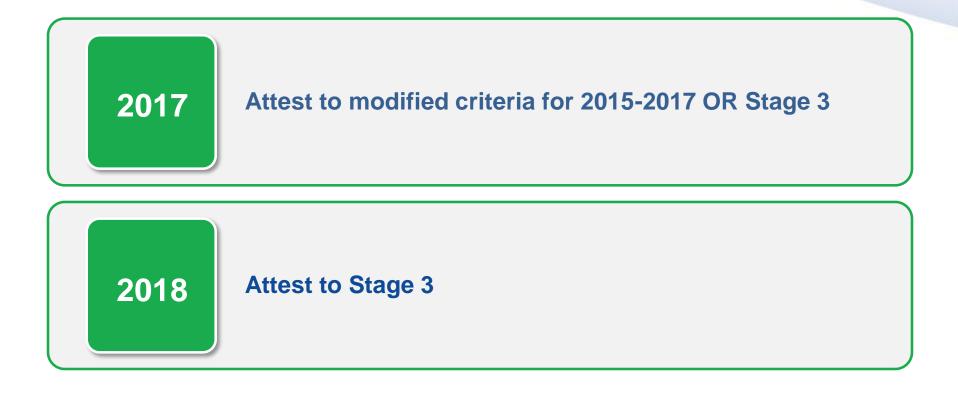# Clinical Quality Measures Reporting Options for 2017

EHR reporting options:

- Option 1: Attest to CQMs through the [EHR Registration & Attestation System](#)
  - **Report on all 16 available CQMs**
  - **Reporting period is 90 days**

- Option 2: eReport CQMs through [Hospital Inpatient Quality Reporting (IQR)](#)
  - **Report on 8 available CQMs**
  - **Reporting period is 90 days for new and whole calendar year for returning**

Participation Timeline

2017   **Attest to modified criteria for 2015-2017 OR Stage 3**

2018   **Attest to Stage 3**

EHR Reporting Period

2017 - Participants use an EHR reporting period of any continuous 90-day period between January 1 and December 31, 2017.

Registration and Attestation

- Eligible hospitals have until February 28, 2018 to register and attest for an EHR incentive payment for an EHR reporting period in 2017.

- Must register as a dual hospital to receive incentives from Medicare and Medicaid. (Must have initiated participation in Medicaid by 2016 to receive an incentive.)

- Only need to attest to Medicare once per year to be paid both Medicare and Medicaid incentives.

- Eligible hospitals in Puerto Rico may use this [step-by-step guide](#) to register or modify an existing registration for the EHR Incentive Programs.

Medicare Payment Adjustments

- Hospitals in Puerto Rico will also be subject to the negative Medicare payment adjustment.

- Payment adjustments will begin in 2022 and will be based on whether a hospital successfully attested in 2020 or not.

Resources Available

- Information on the EHR Incentive Programs for Eligible Hospitals in Puerto Rico: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Puerto-Rico-Hospitals.html

- Additional information available on 2016 Program Requirements: cms.gov/ehrincentiveprograms

- FAQs about the Medicare EHR Incentive Program: https://questions.cms.gov

Medicare Attestation Worksheets for 2017 - new

The Medicare Attestation Worksheets allow providers to log their meaningful use measures on a document to use as a reference when attesting for the Medicare EHR Incentive Program in CMS' Registration and Attestation system. Access the 2016 Eligible Hospital, CAH and Dual-Eligible Modified Stage 2 Attestation Worksheet

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EH_AttestationWorksheet2016.pdf

Medicare Attestation Worksheets for 2017

The Medicare Attestation Worksheets allow providers to log their meaningful use measures on a document to use as a reference when attesting for the Medicare EHR Incentive Program in CMS' Registration and Attestation system. Access the 2017 Eligible Hospital, CAH and Dual-Eligible Modified Stage 2 Attestation Worksheet here and Eligible Hospital, CAH and Dual-Eligible Stage 3 Attestation Worksheet here.

Other Resources

NPPES Help Desk
- Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do
- (800) 465-3203 - TTY (800) 692-2326

PECOS Help Desk
- Visit https://pecos.cms.hhs.gov/
- (866)484-8049 / TTY (866)523-4759

Identification & Access Management System (I&A) Help Desk
- PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
- TTY 1-866-523-4759
- E-mail: EUSSupport@cgi.com

Elizabeth S. Holland

410-786-1309

Elizabeth.Holland@cms.hhs.gov